

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

00/911669

25 JAN 2002

APPLICANT(S)

Goodi

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	/		/				53						
4	/		/				54						
5	/		/				55						
6		0		0			56						
7		2		2			57						
8		0		0			58						
9		0		0			59						
10		0		0			60						
11		0		0			61						
12		/		/			62						
13		/		/			63						
14		/		/			64						
15		/		/			65						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5		5				TOTAL IND.						
TOTAL DEP.	17		13				TOTAL DEP.						
TOTAL CLAIMS	16		13				TOTAL CLAIMS						